



Application No. (if known): 10/560,542      Attorney Docket No.: 64649RCE(70904)

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(617) 517-5534  
Telephone Number

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Request for Continued Examination Transmittal (2 pages)  
Fee Transmittal (2 pages)  
Petition for a One-Month Extension of Time (2 pages)  
Copy of Amendment After Final Rejection filed on September 14, 2010  
Return Receipt Postcard  
Charge \$940.00 to deposit account 04-1105



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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL For FY 2009

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$ 940.00)

Complete if Known	
Application Number	10/560,542-Conf. #5176
Filing Date	December 13, 2005
First Named Inventor	Katsushi Ohizumi
Examiner Name	Dazenski, Marc A.
Art Unit	2481
Attorney Docket No.	64649RCE(70904)

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Edwards Angell Palmer & Dodge LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

## 2. EXCESS CLAIM FEES

Fee Description	Small Entity Fee (\$)	Fee (\$)
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Each claim over 20 (including Reissues) 52 26

Each independent claim over 3 (including Reissues) 220 110

Multiple dependent claims 390 195

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
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- 101 or <sup>up to</sup> \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3.

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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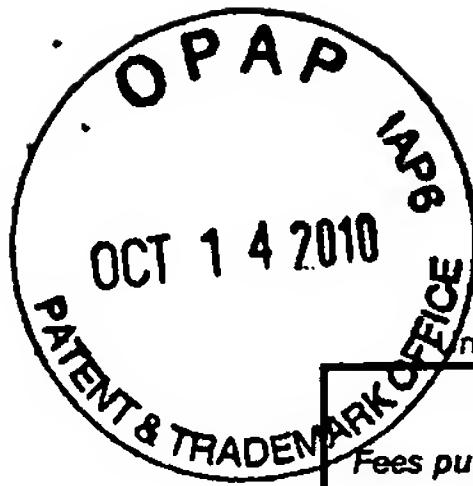
- 100 = \_\_\_\_\_ /50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):	Exte Extension for response within first month	130.00
	nsio Request for continued examination (RCE) (see 37 ...)	810.00

SUBMITTED BY		Registration No. (Attorney/Agent)	Telephone
Signature	<i>Kathryn A. Piffat, Ph.D.</i>	34,901	(617) 517-5516
Name (Print/Type)	Kathryn A. Piffat, Ph.D., Esq.	Date	October 14, 2010



**COPY**

PTO/SB/17 (10-08)

Approved for use through 09/30/2010. OMB 0651-0032  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

<p>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <p><b>FEE TRANSMITTAL</b> <b>For FY 2009</b></p>		<b>Complete if Known</b>	
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		First Named Inventor	Katsushi Ohizumi
		Examiner Name	Dazenski, Marc A.
		Art Unit	2481
TOTAL AMOUNT OF PAYMENT	(\$ 940.00)	Attorney Docket No.	64649RCE(70904)

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**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity</u> <u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity</u> <u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity</u> <u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
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Each claim over 20 (including Reissues)	52   26
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Multiple dependent claims	390   195

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- 101 or up to -	x	=		<u>Fee (\$)</u> <u>Fee Paid (\$)</u>

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<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	
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Signature	<i>Kathryn A. Piffat, Ph.D.</i>	Registration No. (Attorney/Agent)	34,901	Telephone	(617) 517-5516
Name (Print/Type)	Kathryn A. Piffat, Ph.D., Esq.		Date	October 14, 2010	